Fill in this informa	ation to identify your c	ase and this filing	7.		
Debtor 1		ase and this min	J•		
Debtor 1	Tina D Bailey First Name	Middle Name	Last Name	-	
Debtor 2	First Name	Adiddia Nassa			
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bank	cruptcy Court for the:	NORTHERN DIST	RICT OF ALABAMA		
Case number 19	9-40065	The second secon			☐ Check if this is an amended filing
Official For	m 106A/B				
	A/B: Prop	ertv			12/15
In each category, sep think it fits best. Be information. If more Answer every question	parately list and describe as complete and accurat space is needed, attach a on.	items. List an asset e as possible. If two a separate sheet to t	t only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages	equally responsible for su	the category where you
Part 1: Describe Ea	ach Residence, Building,	Land, or Other Rea	Estate You Own or Have an Interest In		
1. Do you own or ha	ve any legal or equitable	interest in any resid	lence, building, land, or similar property?		
☐ No. Go to Part 2	<b>.</b> .				
Yes. Where is t	he property?				
		D7-0000	Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	(such as fee simple, ten a life estate), if known.  Homestead  Check If this is con (see instructions)	Current value of the portion you own? \$400,000.00  cour ownership interest ancy by the entireties, or
pages you have Part 2: Describe You Do you own, lease someone else drive	ve attached for Part 1.  our Vehicles  , or have legal or equi	Write that number itable interest in a se, also report it on S	your entries from Part 1, including any er here	ed or not? Include any v	\$400,000.00 ehicles you own that

Official Form 106A/B

Schedule A/B: Property

page 1

Best Case Bankruptcy

D	ebtor 1	Tina D Baile	y Case number (if know	(n) <u>19-40065</u>
			tor homes, ATVs and other recreational vehicles, other vehicles, and accessories motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
	■ No			
	□ Yes			
5	Add the pages y	e dollar value of you have attach	the portion you own for all of your entries from Part 2, including any entries for ed for Part 2. Write that number here=>	\$0.00
Pá	art 3: De	scribe Your Perso	nal and Household Items	
			egal or equitable interest in any of the following items?	Current value of the
				portion you own? Do not deduct secured
6.	Househ	old goods and t	rurnishings	claims or exemptions.
			nces, furniture, linens, china, kitchenware	
		Describe		
	100.	D0001100		
			Household Furniture	\$2,000.00
7.	Electron Example	les: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mus phones, cameras, media players, games	ic collections; electronic devices
	Yes.	Describe		
			Two (2) tvs	\$300.00
			1 WO (2) tv3	
8.	Exampl		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, c ons, memorabilia, collectibles	oin, or baseball card collections;
9.	Exampl  No	musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; cano	es and kayaks; carpentry tools;
	☐ Yes.	Describe		
10	■ No		s, shotguns, ammunition, and related equipment	
11	□ No		othes, furs, leather coats, designer wear, shoes, accessories	
	- 165.	Describe		
			Clothing and Shoes	\$800.00
12	□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gem	ıs, gold, silver
			Jewelry	\$1,000.00
				***************************************

Official Form 106A/B
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Best Case Bankruptcy

Schedule A/B: Property

De	ebtor 1	Tina D Bailey		Ca	ase number (if known)	19-40065
13.		rm animals				
	<i>Examp</i> ■ No	les: Dogs, cats, bir	as, norses			
	_	Describe				
14.	_ `	ner personal and l	household items you did not a	Iready list, including any health aid	ls you did not list	
	■ No	Give specific inform	mation			
	105.	Give specific infor	nation			
16	. Add 4	ho dollar value of	all of your antring from Bart 2	including any entries for page ve	u baya attaabad	
10	for Pa	art 3. Write that nu	imber here	including any entries for pages yo	u nave attached	\$4,100.00
Pa	rt 4: Des	scribe Your Financia	al Assets			
			al or equitable interest in any	of the following?		Current value of the
						portion you own? Do not deduct secured
						claims or exemptions.
16	Cook					·
10.	Cash Examp	oles: Money you ha	ve in your wallet, in your home, i	n a safe deposit box, and on hand wh	nen you file your petiti	on
	□ No					
	Yes					
					Cash	\$500.00
_						
17	Donosi	ts of money				
17.		oles: Checking, sav		certificates of deposit; shares in cred	lit unions, brokerage l	houses, and other similar
		institutions. If	you have multiple accounts with	the same institution, list each.		
	■ No			Institution name:		
	⊔ Yes			modulution name.		
18.			publicly traded stocks			
	_	oles: Bond funds, in	ivestment accounts with brokera	ge firms, money market accounts		
	■ No		Institution or issuer name	e.		
19.			ck and interests in incorporate	d and unincorporated businesses,	including an interes	st in an LLC, partnership, and
	joint v ■ No	enture				
		Give specific infor	mation about them			
			Name of entity:	9	% of ownership:	
20	Govern	ment and cornor	ate bonds and other negotiabl	e and non-negotiable instruments		
	Negoti	<i>able instruments</i> in	iclude personal checks, cashiers	' checks, promissory notes, and mone		
		egotiable instrumer	nts are those you cannot transfer	to someone by signing or delivering	them.	
	■ No	Give specific inforr	nation about them			
	□ 165.	Give specific infor	Issuer name:			
21.		nent or pension a		, thrift savings accounts, or other per	sion or profit-sharing	nlane
	■ No	nes. Interests in it.	A, ENIOA, Neogii, 401(K), 400(b)	, tillit savings accounts, or other per	ision of pront-snaming	pians
		List each account s	separately.			
			Type of account:	Institution name:		
22	Securit	ty deposits and p	repayments			
	Your s	hare of all unused	deposits you have made so that	you may continue service or use fron	n a company	
		oles: Agreements w	vitn iandiords, prepaid rent, publi	utilities (electric, gas, water), telecor	mmunications compai	nies, or others
	■ No □ Yes			Institution name or individual:		

Official Form 106A/B Schedule A/B: Property

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page 3 Best Case Bankruptcy

De	btor 1	Tina D Ba	iley	Case number (if known) 1	9-40065
23.	Annuitie ■ No	es (A contrac	t for a periodic payment of money to you, either for life or for a number of	years)	
	☐ Yes		Issuer name and description.		
			ation IRA, in an account in a qualified ABLE program, or under a qualified ABLE program, or under a qualified (b), 529A(b), and 529(b)(1).	alified state tuition progr	am.
	☐ Yes		Institution name and description. Separately file the records of any interest	ests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or	future interests in property (other than anything listed in line 1), and	d rights or powers exerc	isable for your benefit
		Give specific	information about them		
26.	Patents Examp	s, copyrights les: Internet o	, trademarks, trade secrets, and other intellectual property domain names, websites, proceeds from royalties and licensing agreement	nts	
		Give specific	information about them		
27.	License Examp ■ No	es, franchise les: Building	s, and other general intangibles permits, exclusive licenses, cooperative association holdings, liquor licen	ses, professional licenses	
		Give specific	information about them		
M	oney or I	property owe	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28	_	unds owed t	o you		
	■ No □ Yes.	Give specific	information about them, including whether you already filed the returns a	nd the tax years	
29	Examp ■ No		or lump sum alimony, spousal support, child support, maintenance, divo	orce settlement, property s	ettlement
	ш тез.	Give specific	momator		
30	. Other a Examp ■ No	oles: Unpaid v	neone owes you wages, disability insurance payments, disability benefits, sick pay, vacatio ; unpaid loans you made to someone else	on pay, workers' compens	ation, Social Security
	☐ Yes.	Give specific	c information.		
31	. Interes Examp ■ No	i <b>ts in insura</b> r oles: Health, d	nce policies disability, or life insurance; health savings account (HSA); credit, homeow	vner's, or renter's insuranc	ee
		Name the ins	surance company of each policy and list its value.  Company name:  Beneficia	агу:	Surrender or refund value:
32	If you somed	terest in pro are the benef one has died.	perty that is due you from someone who has died iciary of a living trust, expect proceeds from a life insurance policy, or are	e currently entitled to recei	ve property because
	■ No □ Yes.	Give specific	c information		
33	Exam	s <b>against thir</b> ples: Acciden	rd parties, whether or not you have filed a lawsuit or made a demand ts, employment disputes, insurance claims, or rights to sue	d for payment	
	■ No □ Yes.	Describe ea	ch claim		

Official Form 106A/B

Schedule A/B: Property

page 4

Best Case Bankruptcy

Debto	r 1Tina D Bailey		Adulation MA-ARISMA	Case number (if known)	19-40065
34. <b>Ot</b>	her contingent and unliquidated	claims of every nature, inclu	ıding counterclaims o	f the debtor and rights to s	set off claims
	Yes. Describe each claim				
		CIT Bank and others; E	Breach of Contract a	and Tort	Unknown
		Description of the second of t			
35. <b>A</b> r	ny financial assets you did not ali	eady list			
	Yes. Give specific information				
	Add the dollar value of all of your or Part 4. Write that number here				\$500.00
Part 5	Describe Any Business-Related Pro	operty You Own or Have an Inte	rest in. List any real esta	te in Part 1.	
37. Do	you own or have any legal or equitab	le interest in any business-relat	ed property?		
<b>II</b> N	lo. Go to Part 6.	•			
ΠY	es. Go to line 38.				
Part 6	Describe Any Farm- and Commerc If you own or have an interest in farm		ı Own or Have an Interes	t In.	
46. <b>D</b>	o you own or have any legal or e	quitable interest in any farm	- or commercial fishin	g-related property?	
_	No. Go to Part 7.				
	Yes. Go to line 47.				
Part 7	Describe All Property You Ow	n or Have an Interest in That Yo	u Did Not List Above		
53. <b>D</b>	o you have other property of any	kind you did not already list	1?		
	xamples: Season tickets, country c	lub membership			
	No				
Ц	Yes. Give specific information	•		_	
54.	Add the dollar value of all of you	entries from Part 7. Write ti	nat number here		\$0.00
				L	
Part 8	List the Totals of Each Part of	this Form		***	
55.	Part 1: Total real estate, line 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$400,000.00
	Part 2: Total vehicles, line 5		\$0.00		
	Part 3: Total personal and house	hold items, line 15	\$4,100.00		
58.	Part 4: Total financial assets, line	36	\$500.00		
59.	Part 5: Total business-related pro	operty, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-re	lated property, line 52	\$0.00		
61.	Part 7: Total other property not li	sted, line 54	+ \$0.00		
62.	Total personal property. Add lines	s 56 through 61	\$4,600.00	Copy personal property to	otal \$4,600.00
63.	Total of all property on Schedule	A/B. Add line 55 + line 62		ŗ	\$404,600.00

Official Form 106A/B

Schedule A/B: Property

Fill in this info	rmation to identify your	case:		
Debtor 1	Tina D Bailey First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ALABAMA	
Case number (if known)	19-40065			☐ Check if this is a amended filing

## Official Form 106C

Part 1: Identify the Property You Claim as Exempt

## Schedule C: The Property You Claim as Exempt

Valleting and of assemptions are you alsiming? Check one only even if your spouse is filing with you

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	350 Spring Creek Crossing Anniston,	\$400,000.00	<b>\$15,500.00</b>	Ala. Code §§ 6-10-2, 6-10-3,
		Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
2.	For any property you list on Schedule A/B	that you claim as exe	empt, fill in the information below.	
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)		
	You are claiming state and federal nonban	kruptcy exemptions. 1	11 U.S.C. § 522(b)(3)	
	willen set of exemptions are you claiming	,,,	, ii year epeace in iiiii g iii ii ye iii	

350 Spring Creek Crossing Anniston, AL 36207 Calhoun County —	\$400,000.00		\$15,500.00	Ala. Code §§ 6-10-2, 6-10-3, 6-10-4, 6-10-12; Const. Art. X,	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	§ 205	
Household Furniture Line from Schedule A/B: 6.1	\$2,000.00		\$2,000.00	Ala. Code §§ 6-10-6, 6-10-12	
Line from Scriedule AVB. 6.1			100% of fair market value, up to any applicable statutory limit		
Two (2) tvs	\$300.00		\$300.00	Ala. Code §§ 6-10-6, 6-10-12	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
Clothing and Shoes	\$800.00		\$800.00	Ala. Code §§ 6-10-6, 6-10-126	
Line from Schedule A/B: 11.1 -			100% of fair market value, up to any applicable statutory limit		
Jewelry	\$1,000.00		\$1,000.00	Ala. Code §§ 6-10-6, 6-10-12	
Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		

Schedule C: The Property You Claim as Exempt

page 1 of 2

Best Case Bankruptcy

Official Form 106C

Deb	tor 1 Tina D Bailey			Case number (if known)	19-40065
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amı	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Cash Line from Schedule A/B: 16.1	\$500.00		\$500.00	Ala. Code §§ 6-10-6, 6-10-12
	Ellie IIdiii Gonedale 74B. 19.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)
	■ No				
	☐ Yes. Did you acquire the property cover	red by the exemption w	ithin 1	,215 days before you filed this case	?
	□ No				
	□ Yes				

Official Form 106C

Schedule C: The Property You Claim as Exempt

Fill in this informa	tion to identify you	r case:				
Debtor 1	Tina D Bailey First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	ruptcy Court for the:	NORTHERN DISTRICT OF ALA	BAMA			
Case number 19 (if known)	-40065					if this is an ed filing
Official Form  Schedule D		Who Have Claims S	Secured	by Property	7	12/15
Be as complete and a is needed, copy the A number (if known).	ccurate as possible. I dditional Page, fill it d	f two married people are filing togethe out, number the entries, and attach it to	r, both are equ this form. On	ally responsible for sup the top of any addition	plying correct informat al pages, write your nar	ion. If more space ne and case
1. Do any creditors ha	ave claims secured by	your property?				
☐ No. Check the	his box and submit th	nis form to the court with your other s	schedules. Yo	u have nothing else to	report on this form.	
Yes. Fill in a	II of the information I	pelow.				
Part 1: List All	Secured Claims					
		nore than one secured claim, list the cred	litor separately	Column A	Column B	Column C
for each claim. If mor	e than one creditor has	a particular claim, list the other creditors cal order according to the creditor's name	in Part 2. As	Amount of claim  Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
2.1 CIT Bank N	Α	Describe the property that secures the	ne claim:	\$800,000.00	\$400,000.00	\$400,000.00
c/o R. Ryan Esquire P. O. Box 5	Daugherty,	350 Spring Creek Crossing Anniston, AL 36207 Calhour County As of the date you file, the claim is: Capply.				
	n, AL 35255	Contingent				
	city, State & Zip Code	■ Unliquidated				
Who owes the deb	,	■ Disputed  Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as no car loan)	nortgage or secu	ured		
Debtor 1 and Deb	tor 2 only	☐ Statutory lien (such as tax lien, mec	hanic's lien)			
At least one of the	-	☐ Judgment lien from a lawsuit	·			
Check if this clai	m relates to a	Other (including a right to offset)				
Date debt was incur	red 2007	Last 4 digits of account numb	er <u>8218</u>			
	age of your form, add here:	olumn A on this page. Write that number the dollar value totals from all pages.	oer here:	\$800,000 \$800,000		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

Fill in this information to identify your case:					
Debtor 1 Tina D Bailey First Name Mid-	do Name				
Debtor 2	dle Name Last Name	ı			
	dle Name Last Name	1			
United States Bankruptcy Court for the: NORTH	ERN DISTRICT OF ALABAMA				
Case number 19-40065					
(if known)					if this is an ed filing
Official Famo 400F/F					
<u>Official Form 106E/F</u> Schedule E/F: Creditors Who Ha	ve Unsecured Claims	3			12/15
any executory contracts or unexpired leases that could Schedule G: Executory Contracts and Unexpired Lease Schedule D: Creditors Who Have Claims Secured by Pr left. Attach the Continuation Page to this page. If you ha	s (Official Form 106G). Do not inclu operty, If more space is needed, co	de any cre	ditors with partially set you need, fill it out, n	cured claims that a umber the entries i	re listed in n the boxes on the
Part 1: List All of Your PRIORITY Unsecured	Claims				
1. Do any creditors have priority unsecured claims a	gainst you?				
☐ No. Go to Part 2.					
Yes.					
<ol> <li>List all of your priority unsecured claims. If a crediidentify what type of claim it is. If a claim has both priority possible, list the claims in alphabetical order according Part 1. If more than one creditor holds a particular claim.</li> </ol>	rity and nonpriority amounts, list that o g to the creditor's name. If you have n	laim here a	and show both priority ar	nd nonpriority amoun	ts. As much as
(For an explanation of each type of claim, see the inst	ructions for this form in the instruction				
		booklet.)	Total claim	Priority amount	Nonpriority amount
2.1 Alabama Department of Revenue	Last 4 digits of account number		Total claim	Priority amount \$0.00	amount
Priority Creditor's Name 50 North Ripley Street	Last 4 digits of account number When was the debt incurred?	8218		amount	amount
Priority Creditor's Name	-	8218 2016, 2	\$0.00 017, and 2018	amount	amount
Priority Creditor's Name 50 North Ripley Street Montgomery, AL 36132	When was the debt incurred?	8218 2016, 2	\$0.00 017, and 2018	amount	amount
Priority Creditor's Name 50 North Ripley Street Montgomery, AL 36132 Number Street City State Zip Code	When was the debt incurred?  As of the date you file, the claim	8218 2016, 2	\$0.00 017, and 2018	amount	amount
Priority Creditor's Name 50 North Ripley Street Montgomery, AL 36132 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	When was the debt incurred?  As of the date you file, the claim  ■ Contingent ■ Unliquidated	8218 2016, 2	\$0.00 017, and 2018	amount	amount
Priority Creditor's Name 50 North Ripley Street Montgomery, AL 36132 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only	When was the debt incurred?  As of the date you file, the claim  ☐ Contingent ☐ Unliquidated ☐ Disputed	8218 2016, 2 is: Check	\$0.00 017, and 2018	amount	amount
Priority Creditor's Name 50 North Ripley Street Montgomery, AL 36132 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	When was the debt incurred?  As of the date you file, the claim  ■ Contingent ■ Unliquidated	8218 2016, 2 is: Check	\$0.00 017, and 2018	amount	amount
Priority Creditor's Name  50 North Ripley Street  Montgomery, AL 36132  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	When was the debt incurred?  As of the date you file, the claim  ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured cla	8218 2016, 2 is: Check	\$0.00 017, and 2018 all that apply	amount	amount
Priority Creditor's Name  50 North Ripley Street  Montgomery, AL 36132  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?	When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts.	8218 2016, 2 is: Check	\$0.00 017, and 2018 all that apply	amount	amount
Priority Creditor's Name 50 North Ripley Street Montgomery, AL 36132 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	When was the debt incurred?  As of the date you file, the claim  ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of PRIORITY unsecured cla	8218 2016, 2 is: Check	\$0.00 017, and 2018 all that apply	amount	amount

Best Case Bankruptcy

Debtor 1 Tina D Bailey				19-40065		
.2 Internal Revenue Service	Last 4 digits of account number	8218	\$0.00	\$(	0.00	\$0.0
Priority Creditor's Name PO Box 7346	When was the debt incurred?	2017 and 2018		-		
Philadelphia, PA 19101-7346  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that appl	у			
Who incurred the debt? Check one.	■ Contingent					
■ Debtor 1 only	Unliquidated					
☐ Debtor 2 only	_					
☐ Debtor 1 and Debtor 2 only	■ Disputed  Type of PRIORITY unsecured cla	lm:				
☐ At least one of the debtors and another	Domestic support obligations					
☐ Check if this claim is for a community debt	_					
Is the claim subject to offset?	■ Taxes and certain other debts y □ Claims for death or personal in					
No	Other. Specify	ury wille you were like	DAICAIGG			
☐ Yes	Taxes			·	and the second second	
Part 2: List All of Your NONPRIORITY Unsection	red Claims					
LIST AII OF TOUT NORTH TRIORITT OF SCOT						
Do any creditors have nonpriority unsecured claim	ns against vou?					
<ul><li>☐ No. You have nothing to report in this part. Submit</li><li>■ Yes.</li></ul>	this form to the court with your other					
<ul><li>☐ No. You have nothing to report in this part. Submit</li><li>☐ Yes.</li></ul>	this form to the court with your other e alphabetical order of the creditor	who holds each clair nat type of claim it is. I	Do not list cl	aims already inc	luded in Part	1. If more Page of
<ul> <li>No. You have nothing to report in this part. Submit</li> <li>■ Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other part 2.</li> </ul>	this form to the court with your other e alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more	who holds each clair nat type of claim it is. I han three nonpriority t	Do not list cl	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
<ul> <li>No. You have nothing to report in this part. Submit</li> <li>■ Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other part 2.</li> </ul>	this form to the court with your other e alphabetical order of the creditor	who holds each clair nat type of claim it is. I han three nonpriority t	Do not list cl	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
□ No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2.  Bank of New England  Nonpriority Creditor's Name  c/o Mark Peery Williams  1130 22nd St S, Ste 3000	this form to the court with your other e alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more	who holds each clair nat type of claim it is. I than three nonpriority to per <u>0429</u>	Do not list cl	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
□ No. You have nothing to report in this part. Submit     ■ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2.  Bank of New England     Nonpriority Creditor's Name     c/o Mark Peery Williams	this form to the court with your other e alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more  Last 4 digits of account number	who holds each clair nat type of claim it is. I han three nonpriority to er 0429 2008	Oo not list of	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
No. You have nothing to report in this part. Submit      Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Bank of New England     Nonpriority Creditor's Name     c/o Mark Peery Williams     1130 22nd St S, Ste 3000     Birmingham, AL 35205-2883     Number Street City State Zip Code     Who incurred the debt? Check one.	this form to the court with your other e alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more  Last 4 digits of account numl  When was the debt incurred?	who holds each clair nat type of claim it is. I han three nonpriority to er 0429 2008	Oo not list of	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Bank of New England  Nonpriority Creditor's Name  c/o Mark Peery Williams  1130 22nd St S, Ste 3000  Birmingham, AL 35205-2883  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only	this form to the court with your other e alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more  Last 4 digits of account numi  When was the debt incurred?  As of the date you file, the cla	who holds each clair nat type of claim it is. I han three nonpriority to er 0429 2008	Oo not list of	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Bank of New England Nonpriority Creditor's Name c/o Mark Peery Williams 1130 22nd St S, Ste 3000 Birmingham, AL 35205-2883 Number Street City State Zip Code Who incurred the debt? Check one.	this form to the court with your other e alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim contingent	who holds each clair nat type of claim it is. I han three nonpriority to er 0429 2008	Oo not list of	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
No. You have nothing to report in this part. Submit      Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Bank of New England  Nonpriority Creditor's Name  c/o Mark Peery Williams  1130 22nd St S, Ste 3000  Birmingham, AL 35205-2883  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only	this form to the court with your other e alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more  Last 4 digits of account numl  When was the debt incurred?  As of the date you file, the cla  Contingent  Unliquidated	who holds each clair nat type of claim it is. I than three nonpriority to the 0429 2008  sim is: Check all that a	Oo not list of	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
No. You have nothing to report in this part. Submit      Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Bank of New England  Nonpriority Creditor's Name  c/o Mark Peery Williams  1130 22nd St S, Ste 3000  Birmingham, AL 35205-2883  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only	this form to the court with your other e alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more  Last 4 digits of account numb  When was the debt incurred?  As of the date you file, the cla  Contingent  Unliquidated  Disputed	who holds each clair nat type of claim it is. I than three nonpriority to the 0429 2008  sim is: Check all that a	Oo not list of	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Bank of New England  Nonpriority Creditor's Name c/o Mark Peery Williams 1130 22nd St S, Ste 3000  Birmingham, AL 35205-2883  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another	this form to the court with your other e alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unser	who holds each clair nat type of claim it is. I han three nonpriority the or 0429 2008  The claim is: Check all that a sured claim:	Do not list of unsecured of	aims already inc	cluded in Part Continuation Total claim	1. If more Page of
■ Yes.  4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  4.1 Bank of New England  Nonpriority Creditor's Name  c/o Mark Peery Williams  1130 22nd St S, Ste 3000  Birmingham, AL 35205-2883  Number Street City State Zip Code  Who incurred the debt? Check one.  ■ Debtor 1 only  □ Debtor 2 only  □ Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community debt	this form to the court with your other  alphabetical order of the creditor claim. For each claim listed, identify w r creditors in Part 3.If you have more  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim contingent  Unliquidated  Disputed Type of NONPRIORITY unser  Student loans  Obligations arising out of a	who holds each clair nat type of claim it is. I chan three nonpriority the or 0429 2008  sim is: Check all that a cured claim:	or divorce t	aims already inc	cluded in Part Continuation Total claim	1. If more Page of

Capital One Auto Finance	Last 4 digits of account number	224	\$31,097.46			
Nonpriority Creditor's Name c/o Angie Denise Hubbard Ingram P. O. Box 361741	When was the debt incurred?	2010				
Birmingham, AL 35236-1741 Number Street City State Zip Code	As of the date you file, the claim is					
Who incurred the debt? Check one.	■ Contingent					
Debtor 1 only						
Debtor 2 only	Unliquidated					
Debtor 1 and Debtor 2 only	■ Disputed	alaim.				
At least one of the debtors and another	Type of NONPRIORITY unsecured  Student loans	ciaim:				
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not				
No	Debts to pension or profit-sharing	plans, and other similar debts				
☐ Yes	■ Other. Specify Judgment					
L les	Other. Specify Oddgmont					
CCRSI	Last 4 digits of account number	unk	\$95.0			
Nonpriority Creditor's Name 401 4th Avenue Jasper, AL 35501-3705	When was the debt incurred?	2007				
Number Street City State Zip Code	As of the date you file, the claim i					
Who incurred the debt? Check one.	<b>-</b>					
Debtor 1 only	<ul><li>Contingent</li></ul>					
☐ Debtor 2 only	Unliquidated					
Debtor 1 and Debtor 2 only	Disputed					
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims					
■ No	Debts to pension or profit-sharin					
□ Yes	■ Other. Specify Medical - Collection Agency					
On dit Deciman Comba	Last 4 digits of account number	unk	\$1,492.0			
Credit Business Service Nonpriority Creditor's Name	- Last 4 digits of account number	unk	Ψ1, τυΣ.			
711 Eglin Pkwy NE	When was the debt incurred?	2007				
Fort Walton Beach, FL 32547  Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
Who incurred the debt? Check one.	_					
Debtor 1 only	■ Contingent					
☐ Debtor 2 only	Unliquidated					
☐ Debtor 1 and Debtor 2 only	■ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
No	Debts to pension or profit-sharir	o plans, and other similar debts				
■ No □ Yes	Other. Specify Medical	& Learner, and acres, annual, again				

		A70.00
Credit Business Service Nonpriority Creditor's Name	Last 4 digits of account number unk	\$70.00
711 Eglin Pkwy NE Fort Walton Beach, FL 32547	When was the debt incurred? 2007	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	■ Contingent	
☐ Debtor 2 only	Unliquidated	
☐ Debtor 1 and Debtor 2 only	■ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical	
Credit Collection Service	Last 4 digits of account number unk	\$401.92
Nonpriority Creditor's Name 725 Canton Street	When was the debt incurred? 2007	
Norwood, MA 02062  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	■ Contingent	
■ Debtor 1 only	■ Unliquidated	
Debtor 2 only		
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did n	int
Is the claim subject to offset?	report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify Medical - Collection Agency	
Credit One Bank	Last 4 digits of account number unk	\$500.00
Nonpriority Creditor's Name	Wilson was the debt incomed? 2047	
P. O. Box 98873 Las Vegas, NV 89193	When was the debt incurred? 2017	<u> </u>
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did r	not
Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No	Lebis to pension or profit-sharing plans, and other similar debts	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 10

Cunningham Pathology	Last 4 digits of account number	unk	\$95.00
Nonpriority Creditor's Name	Edot 4 digito of docodite fidinoof	<u>uik</u>	φ50.00
P.O. Box 281100	When was the debt incurred?	2007	
Atlanta, GA 30384 Number Street City State Zip Code	As of the date you file, the claim		
Who incurred the debt? Check one.			
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
☐ Yes	Other. Specify Medical		
Discover Bank	Last 4 digits of account number	0304	\$13,446.48
Nonpriority Creditor's Name			
c/o Naomi Anne Cohen Ivker P. O. Box 11366	When was the debt incurred?	2009	
Birmingham, AL 35202-1366			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	Contingent		
■ Debtor 1 only			
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed	d alaim	
At least one of the debtors and another	Type of NONPRIORITY unsecure  ☐ Student loans	a claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	aration agreement of divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Judgment		
Dr. Salame	Last 4 digits of account number	unk	\$3,000.00
Nonpriority Creditor's Name			
1031 Quintard Avenue	When was the debt incurred?	2007	
Anniston, AL 36201  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	an atom and attend to the late	
■ No	Debts to pension or profit-shari	ng pians, and otner similar debts	

Schedule E/F: Creditors Who Have Unsecured Claims

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m: ! - ! . O		\$249.
Financial Corporation  Nonpriority Creditor's Name	Last 4 digits of account number unk	<b>Ψ</b> 243.
P. O. Box 203500 Austin, TX 78720-3500	When was the debt incurred? 2007	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	■ Contingent	
Debtor 1 only	■ Unliquidated	
Debtor 2 only		
Debtor 1 and Debtor 2 only	■ Disputed  Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	☐ Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify Medical	
JC Penneys - Synchrony Bank	Last 4 digits of account number unk	\$4,000
Nonpriority Creditor's Name		
Attn: Bankruptcy Dept P. O. Box 965060	When was the debt incurred? 2007	
Orlando, FL 32896-5060 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<b>.</b>	
Debtor 1 only	Contingent	
☐ Debtor 2 only	Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
ls the claim subject to offset?	report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Credit Card	
Kohls	Last 4 digits of account number unk	\$500
Nonpriority Creditor's Name N56-W17000 Ridgewood Drive Menomonee Falls, WI 53051	When was the debt incurred? 2007	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Credit Card	

Schedule E/F: Creditors Who Have Unsecured Claims

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Lab Corp	Last 4 digits of account number unk	\$0.0
Nonpriority Creditor's Name P. O. Box 2240 Burlington, NC 27216	When was the debt incurred? unk	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.  Debtor 1 only	■ Contingent	
Debtor 2 only	■ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical	
Manheim Automotive Financial	Last 4 digits of account number 870	\$0.0
Nonpriority Creditor's Name		
c/o Eric Joseph Breithaupt 303 Peachtree St NE, Ste 2800 Atlanta, GA 30308-3271	When was the debt incurred? 2005	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<b>.</b>	
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Contract Dispute	
Midland Funding LLC	Last 4 digits of account number unk	\$1,348.
Nonpriority Creditor's Name		
2365 Northside Drive Suite 300	When was the debt incurred? 2007	
San Diego, CA 92108  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	■ Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Medical	

Schedule E/F: Creditors Who Have Unsecured Claims

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Old Navy - Synchrony Bank	Last 4 digits of account number unk	\$1,000.00
Nonpriority Creditor's Name 2 Folsome Street	When was the debt incurred? 2007	
San Francisco, CA 94105  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	■ Contingent	
Debtor 2 only	Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card	
Portfoio Recovery Associates, LLC	Last 4 digits of account number 0216	\$6,006.4
Nonpriority Creditor's Name c/o Walter James Sears, IV	When was the debt incurred? 2011	
2012 Berryhill Road	When was the dept incurred:	
Montgomery, AL 36117-3599	A court of the court file the claim to Obe about the between	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	■ Contingent	
Debtor 2 only	■ Unliquidated	
Debtor 1 and Debtor 2 only	■ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
■ No □ Yes	Other. Specify Judgment	
ш тез	Other: Specify	
Quest Diagnostics	Last 4 digits of account number unk	\$349.8
Nonpriority Creditor's Name P.O. Box 7306 Hollister, MO 65673-7306	When was the debt incurred? 2007	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	■ Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify  Medical	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	1 Tina I	D Bai	ley		Case	e number (if known)	19-40065	OMERICAN CONTRACTOR OF THE CON	
4.2	Regiona	al Me	dical Center	Last 4 digits of account numb	<sub>er</sub> ur	nk		\$0.00	
<u></u> .	P.O. Bo	x 220		When was the debt incurred?	ur	nk			
	Anniston, AL 36202-2208 Number Street City State Zip Code			As of the date you file, the cla	im is: Ch	neck all that apply			
	Who incu	rred th	e debt? Check one.	Operition manufa					
	Debtor	1 only		Contingent					
	Debtor	-		Unliquidated					
			Debtor 2 only	Disputed Type of NONPRIORITY unsec	urad alai	ime			
			of the debtors and another	Student loans	ureu Ciai	11114			
	☐ Check debt	if this	claim is for a community	☐ Obligations arising out of a s	eparatio	n agreement or divorce	e that you did not		
	Is the clai	im sub	ject to offset?	report as priority claims	<b>-</b>	<b>g</b>			
	■ No			Debts to pension or profit-sh	aring pla	ins, and other similar d	ebts		
	☐ Yes			Other. Specify Medical					
Part 3:	List O	thers	to Be Notified About a De	ebt That You Already Listed		Andread Control of the Control of th			
. Use th	nis page or	nlv if vo	ou have others to be notified	about your bankruptcy, for a debt th	nat vou a	Iready listed in Parts	1 or 2. For example, i	f a collection agency	
is tryi have	ing to colle more than	ct fron	n you for a debt you owe to s	omeone else, list the original credite at you listed in Parts 1 or 2, list the a or submit this page.	or in Par additions	ts 1 or 2, then list the al creditors here. If yo	collection agency he	re. Similarly, if you	
	łame and Address Christian & Small, LLP			On which entry in Part 1 or Part 2 did Line <b>4.15</b> of (Check one):		st the original creditor? Part 1: Creditors with Priority Unsecured Claims			
			eet, Ste1800	Line 4.13 of (Check one).			nny Unsecured Claims priority Unsecured Clai	me	
	ngham, A				- Par	t 2. Creditors with Nor	spriority offsecured cial	IIIS	
				Last 4 digits of account number					
	and Address		Darty, Esq	On which entry in Part 1 or Part 2 did Line 4.15 of (Check one):	*	_	ority Unsecured Claims		
	Dublin L		Daity, Esq	Line 4.13 of (Check one).			nriv Onsecured Claims	ime	
Besse	emer, AL	. 3502	22-4838	Last 4 digits of account number	1 01	TO 2. OFCUROIS WAT NO	ipriority officeation cial		
				Last 4 digits of account number					
	and Address Ann Hig		Fsa	On which entry in Part 1 or Part 2 did Line 4.18 of (Check one):	•	•	ority Unsecured Claims		
3501	N Cause	way	Blvd Ste 800	Ellio <u>HTO</u> of (officers office).	Part 2: Creditors with Nonpriority Unsecured Claims				
Metai	rie, LA 7	0002	-3625	Last 4 digits of account number					
		-							
	and Address sa Boles		ner. Esa	On which entry in Part 1 or Part 2 did Line 4.15 of (Check one):			ority Unsecured Claims		
950 2	2nd St N	l, te 7	60				npriority Unsecured Cla	ims	
Birmi	ngham,	AL 3	5203-5309	Last 4 digits of account number					
			austinia (m. 1904)				a subsection of the second of		
Part 4			nounts for Each Type of l						
	the amour			aims. This information is for statisti	cal repoi			e amounts for each	
		6a.	Domestic support obligatio	ns	6		al Claim 0.00		
	Total					*	0.00		
c from l	laims Part 1	6b.	Taxes and certain other del	ots you owe the government	6	b. \$	0.00		
		6c.		al injury while you were intoxicated	6	c. \$	0.00		
		6d. Other. Add all other priority		nsecured claims. Write that amount he	re. 6	d. \$	0.00		
		٥.	Total Bulenter, April Prince of	araugh Cd	^			7	
		6e.	Total Priority. Add lines 6a th	rrougn oa.	6	e. \$	0.00		
						Tot	al Claim		
		6f.	Student loans		6		0.00		
c	Total :laims								

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 10

Debtor 1 Tin	ebtor 1 Tina D Bailey			ımber (if known)	19-40065	
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	294,981.63	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	294,981.63	

Fill in	this infor	nation to identify y	our case:			
Debto	or 1	Tina D Bailey				
	_	First Name	Middl	e Name	Last Name	
Debto (Spous	or 2 e if, filing)	First Name	Middl	e Name	Last Name	
Unite	d States Ba	ankruptcy Court for the	he: NORTHE	RN DISTRICT OF	ALABAMA	
Case	number	19-40065				
(if knov		10 4000				☐ Check if this is an
						amended filing
O.t.:	-:-! <b>-</b>	4000				
		orm 106G			Unavaired Lago	40/45
					Unexpired Leas	es 12/15 ually responsible for supplying correct
inforn	nation. If m	nore space is neede	ed, copy the ad	ditional page, fill	it out, number the entries, ar	nd attach it to this page. On the top of any
additi	onal pages	s, write your name	and case numb	oer (if known).		
		e any executory co		•		
					er schedules. You have nothi	
						B:Property (Official Form 106 A/B).
2. l	ist separa	tely each person o	r company with	n whom you have	the contract or lease. Then s	state what each contract or lease is for (for oklet for more examples of executory contracts
	example, re and unexpir		en phone). See	e the instructions to	t this form in the instruction be	okiet for more examples of executory contracts
	·					
	Person or	company with who			e State what the contr	act or lease is for
2.1		Name, Number, Stre	et, City, State and ZII	Code		
	Name				200 AVV V 10 10 10 10 10 10 10 10 10 10 10 10 10	
	Number	Stroot				
	Number	Street				
2.2	City		State	ZIP Code		
	Name					
	Number	Street			<del></del>	
			Clata	7ID Codo		
2.3	City		State	ZIP Code		
	Name					
	Number	Street			***************************************	
			01-1-	ZIP Code		
2.4	City		State	ZIP Code		
	Name					
	Number	Street				
			Ctoto	7ID Code		
2.5	City		State	ZIP Code		
	Name					

Page 1 of 1

Number

City

ZIP Code

State

Street

Fill in thi	is information to identify your	case:		
Debtor 1	Tina D Bailey First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, f		Middle Name	Last Name	
	tates Bankruptcy Court for the:	NORTHERN DISTRIC		
		TOTAL CONTROL		
Case nur	mber <u>19-40065</u>			☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	ebtors		12/15
eople a ill it out, our nan	re filing together, both are equ	ally responsible for sup boxes on the left. Attac . Answer every questio	oplying correct information. If ch the Additional Page to this n.	nplete and accurate as possible. If two married imore space is needed, copy the Additional Page, page. On the top of any Additional Pages, write
		you are ming a joint case	, 40 110, 110, 511, 51	
□ N ■ Y	•			
2. W		ı lived in a community ş , Nevada, New Mexico, F	property state or territory? ( <i>C</i> Puerto Rico, Texas, Washington	community property states and territories include a, and Wisconsin.)
■ N	Io. Go to line 3.			
ΠY	es. Did your spouse, former spo	use, or legal equivalent li	ve with you at the time?	
in li For	ne 2 again as a codebtor only	if that person is a guara	antor or cosigner. Make sure '	ur spouse is filing with you. List the person shown you have listed the creditor on Schedule D (Official Use Schedule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	IP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	William R Bailey 350 Spring Creek Crossir Anniston, AL 36207	ng	] ]	■ Schedule D, line2.1 □ Schedule E/F, line □ Schedule G CIT Bank NA

<b>-</b> :u ·										
Deb	n this information t tor 1	Tina D Bailey								
	tor 2 use, if filing)					_				
Unit	ed States Bankrup	etcy Court for the:	NORTHERN DISTRIC	T OF ALABAMA						
(If kno	own)	40065					Check if this is:  An amended  A supplement 13 income as	nt showing		chapter
	ficial Form chedule I:						MM / DD/ YY	ΥΥ		12/15
supp	olying correct infouse. If you are sep the a separate she	ormation. If you a	ible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your s th you, do not includ	pouse is e inforn	s living nation a	with you, inclu about your spo	de informa use. If mor	ation about y re space is n	our eeded,
1.	Fill in your emplinformation.	nployment		Debtor 1			Debtor 2	Debtor 2 or non-filling spouse		
	If you have more attach a separate information abou employers.	page with	Employment status	☐ Employed ■ Not employed teachers aide/assists husband			■ Employed □ Not employed			
	Include part-time self-employed we		Occupation Employer's name				d Auto Sa	les		
	Occupation may or homemaker, it		Employer's address							
			How long employed t	here?						
Par	t 2: Give De	etails About Mor	thly Income					******		
Esti:	mate monthly inc use unless you are	ome as of the da	ate you file this form. If	you have nothing to re	port for	any line	, write \$0 in the	space. Incl	ude your non	ı-filing
	u or your non-filing e space, attach a s		ore than one employer, co	ombine the information	for all e	mploye	rs for that persor	n on the lin	es below. If y	ou need
							or Debtor 1	For Deb non-fillin	tor 2 or ig spouse	
2.			ry, and commissions (b calculate what the month		2.	\$	0.00	\$	0.00	
3.	Estimate and lis	st monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

Official Form 106I Schedule I: Your Income page 1
Case 19-40065-JJR11 Doc 24 Filed 02/04/19 Entered 02/04/19 17:30:19 Desc Main
Document Page 21 of 38

Debte	tor 1 Tina D Bailey		Case number (if known)	19-40065	
	Copy line 4 here	<b>4</b> .	For Debtor 1 \$ 0.00	For Debtor non-filing s	por menting, a primary in the profit flow thing primary by primary in a continuous control (they by a profit management).
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$0.00	\$	0.00
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$	0.00
8.	List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a depend regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify: Auto Sales	8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 + \$ 0.00	\$ \$ \$ \$ + \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 600.00
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$0.00	\$	1,600.00
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	0.00 + \$	4,600.00	= \$ 4,600.00
11.	State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, yother friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are Specify:	our deper	, <b>,</b>	,	÷ J. +\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Coapplies				\$4,600.00
13.	Do you expect an increase or decrease within the year after you file this f	orm?			Combined monthly income
	□ No.  Yes. Explain: I work with my husband. I help contribute to over the next several years.		unt he makes. I ex	pect our inc	ome to increase

Fill i	n this informa	tion to identify yo	ur case:					
Debt		Tina D Bailey					if this is:	
Debt	or 2 use, if filing)		·FIZ			_ A	n amended filing supplement showi 3 expenses as of th	ng postpetition chapter ne following date:
``	, ,,	untov Court for the:	NORTH	ERN DISTRICT OF ALAB	ΔΜΔ	M	M / DD / YYYY	
Office	o States Danki	upicy Court for tile.	NONTH	LIN DIGITION OF ALAB.			W// 00/ 1111	
	e number 19	3-40065						
Of	ficial Fo	rm 106J						
		J: Your I						12/15
info	rmation. If m	and accurate as lore space is ne m). Answer ever	eded, atta	If two married people ar ch another sheet to this n.	e filing together, b form. On the top o	oth are equal f any addition	ly responsible for al pages, write yo	supplying correct our name and case
Part	1: Desci	ribe Your House	hold					
1.	ls this a joir	nt case?						
	No. Go to							
		es Debtor 2 live i	in a separ	ate household?				
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	r 2.	
			_	arr 01111 1000 <u>I, I</u> Aponoo	70, Copulato 11000			
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relate Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No □ Yes
	dependents	names.						□ Yes
								□ Yes
					***			□ No
								Yes
								□ No
2	Da							☐ Yes
3.	expenses of	penses include of people other t od your depende	han 🦳	No Yes				
Par	t 2: Estin	nate Your Ongoi	ng Month	ly Expenses				
exp	imate your e enses as of blicable date.	a date after the	our bankr bankrupto	uptcy filing date unless y y is filed. If this is a supp	ou are using this blemental <i>Schedul</i>	form as a sup e <i>J</i> , check the	plement in a Cha box at the top of	pter 13 case to report the form and fill in the
Inc	lude expense	es paid for with	non-cash	government assistance i	f you know			
the	value of suc ficial Form 1	h assistance an	d have in	cluded it on <i>Schedule I:</i> \	Your Income		Your expe	nses
4.		or home owners		nses for your residence. I or lot.	nclude first mortgaç	ge 4. \$		0.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a. \$		200.00
		erty, homeowner'	s, or rente	r's insurance		4b. \$	***************************************	200.00
				upkeep expenses		4c. \$		200.00
_		eowner's associa			ma aguitu le	4d. \$		0.00
5.	Additional	mortgage paym	ents for y	<mark>our residence,</mark> such as ho	me equity loans	5. \$		0.00

ebtor 1	Tina D Bailey	Case number (if know	n) <b>19-40065</b>
. Utiliti	es'		
6a.	Electricity, heat, natural gas	6a. \$	750.00
	Water, sewer, garbage collection	6b. \$	50.00
	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	250.00
6d.	Other. Specify:	6d. \$	0.00
Food	and housekeeping supplies	7. \$	500.00
	care and children's education costs	8. \$	0.00
	ing, laundry, and dry cleaning	9. \$	200.00
	onal care products and services	10. \$	50.00
	cal and dental expenses	11. \$	200.00
	portation, Include gas, maintenance, bus or train fare.	***************************************	
	t include car payments.	12. \$	400.00
. Enter	tainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
. Chari	table contributions and religious donations	14. \$	0.00
. Insur	ance.		
	t include insurance deducted from your pay or included in lines 4 or 20.	,	
	Life insurance	15a. \$	300.00
	Health insurance	15b. \$	1,100.00
15c.	Vehicle insurance	15c. \$	0.00
	Other insurance. Specify:	15d. \$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		<del>.</del>
Speci		16. \$	0.00
	lment or lease payments:	4= *	
	Car payments for Vehicle 1	17a. \$	0.00
	Car payments for Vehicle 2	17b. \$	0.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	payments of alimony, maintenance, and support that you did not report		0.00
	cted from your pay on line 5, Schedule I, Your Income (Official Form 10	·	
	r payments you make to support others who do not live with you.	\$	0.00
Speci	ty: r real property expenses not included in lines 4 or 5 of this form or on 5	19.	•
	r real property expenses not included in lines 4 or 5 of this form or on 3 Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	
	Homeowner's association or condominium dues	20d. \$	0.00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21. +\$	0.00
I. Othe	r: Specify:	21. +\$	0.00
2. Calcı	ulate your monthly expenses		
	Add lines 4 through 21.	\$	4,400.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106	J-2 \$	
	Add line 22a and 22b. The result is your monthly expenses.	\$ <del></del>	4,400.00
220.1	and the LLa and LLb. The result is your monthly expenses.	Ψ	7,700.00
	ulate your monthly net income.		<del></del>
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,600.00
23b.	Copy your monthly expenses from line 22c above.	23b\$	4,400.00
23c.	Subtract your monthly expenses from your monthly income.	222 €	200.00
	The result is your monthly net income.	23c. \$	200.00
For ex	ou expect an increase or decrease in your expenses within the year aft cample, do you expect to finish paying for your car loan within the year or do you expec cation to the terms of your mortgage?	er you file this form? t your mortgage payment to	increase or decrease because of a
	Explain here: Does not include payment on home mort	gage. Home mainte	nance, repair, and unkeen

Fill in th	s information to identify your case:		
Debtor 1	Tina D Bailey		
Debtor 2	First Name Middle Name Last Name		
(Spouse if,	ing) First Name Middle Name Last Name		
United S	ates Bankruptcy Court for the: NORTHERN DISTRICT OF ALABAMA		
Case nu	nber 19-40065		
(if known)		-	k if this is an ided filing
		ante	ided illing
Offici	J Form 106Sum		
	al Form 106Sum  ary of Your Assets and Liabilities and Certain Statistical Information		12/15
Be as co informat your ori	nplete and accurate as possible. If two married people are filing together, both are equally responsible from Fill out all of your schedules first; then complete the information on this form. If you are filing amend nal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	or supplyi ed sched	ng correct ules after you file
Part 1:	Summarize Your Assets		
		granger of the second second	assets of what you own
1. Sc 1a	edule A/B: Property (Official Form 106A/B) Copy line 55, Total real estate, from Schedule A/B	\$	400,000.00
1b	Copy line 62, Total personal property, from Schedule A/B	\$	4,600.00
1c	Copy line 63, Total of all property on Schedule A/B	\$	404,600.00
Part 2:	Summarize Your Liabilities		
			liabilities nt you owe
2. So 2a	edule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	800,000.00
	edule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
3b	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	294,981.63
	Your total liabilities	\$	1,094,981.63
Part 3:	Summarize Your Income and Expenses		
	edule I: Your Income (Official Form 106I) y your combined monthly income from line 12 of Schedule I	\$	4,600.00
5. So	edule J: Your Expenses (Official Form 106J) y your monthly expenses from line 22c of S <i>chedule J.</i>	\$	4,400.00
Part 4:	Answer These Questions for Administrative and Statistical Records		
6. <b>A</b> ı	you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other s	chedules.
7. W	Yes at kind of debt do you have?		
,	·		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	ai, family, or

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the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	Den	LOI I	Tina D Balley Case number (ii known) 19-40065	
	8.			\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill in this inforn	nation to identify your	case:			
Debtor 1	Tina D Bailey				
Dahtar 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ALABAMA	, a con con contractor	
Case number	19-40065				
(if known)				Е	Check if this is an amended filing
You must file this obtaining money years, or both. 18	s form whenever you f	ile bankruptcy schedules n connection with a banl	nsible for supplying corr s or amended schedules. kruptcy case can result ir	ect information. Making a false statement, c n fines up to \$250,000, or im	oncealing property, or prisonment for up to 20
Did you pa	y or agree to pay some	eone who is NOT an atto	rney to help you fill out b	ankruptcy forms?	
<b>■</b> No					
☐ Yes. N	Name of person	***************************************			Petition Preparer's Notice, gnature (Official Form 119)
that they are X Tina D Signatu	Bailey re of Debtor 1	that I have read the sum	mary and schedules filed  X  Signature of	d with this declaration and  Debtor 2	
Date	02/04/19	*	Date		

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

Fill	in th	is information to identify y	our case:			
Deb	otor 1					
D - I	0	First Name	Middle Name	Last Name		
	otor 2 use if,		Middle Name	Last Name		
Uni	ted S	States Bankruptcy Court for th	ne: NORTHERN DISTRICT (	OF ALABAMA		
Cas	se nu	mber 19-40065			1	
f	iown)	10 4000				Check if this is an amended filing
Sta Be a	ate	mplete and accurate as po	Al Affairs for Individual States	are filing together, both are	equally responsible for s	
		ion. If more space is need (if known). Answer every q	ed, attach a separate sheet to uestion.	this form. On the top of any	additional pages, write	your name and case
Par	t 1:	Give Details About Your	Marital Status and Where You	ı Lived Before		
1.	Wha	at is your current marital s	atus?			
		Married Not married				
2.	Dur	ing the last 3 years, have y	ou lived anywhere other than	where you live now?		
		No Yes. List all of the places ye	ou lived in the last 3 years. Do n	ot include where you live now		
	De	btor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state	<b>Wit</b> l es an	hin the last 8 years, did yound territories include Arizona,	u ever live with a spouse or le California, Idaho, Louisiana, Ne	gal equivalent in a commun evada, New Mexico, Puerto Ri	ty property state or terri co, Texas, Washington an	tory? (Community property d Wisconsin.)
		No Yes. Make sure you fill out	Schedule H: Your Codebtors (C	Official Form 106H).		
Pa	rt 2	Explain the Sources of	our Income			
4.	Fill	in the total amount of income	n employment or from operation by you received from all jobs and you have income that you receive	all businesses, including part-	time activities.	alendar years?
		No Yes. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Tina D Bailey

Official Form 107

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Case number (if known) 19-40065

Case 19-40065-JJR11 Doc 24 Filed 02/04/19 Entered 02/04/19 17:30:19 Desc Main Document Page 29 of 38

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Best Case Bankruptcy

Deb	tor1 <u>Tina D Bai</u>	ley		Case	number (if known)	19-40065	
	insider?						
		n debts guaranteed or cos	igned by an insider.				
	No						
	☐ Yes. List all pa	yments to an insider					
	Insider's Name ar	nd Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this p Include creditor's r	
Pari	t 4: Identify Lega	al Actions, Repossession	ns, and Foreclosures				
	Within 1 year befo List all such matters modifications, and o	s, including personal injury	cy, were you a party in an cases, small claims actions	y lawsuit, court actions, divorces, collections	on, or administra suits, paternity a	ative proceeding? ctions, support or cu	stody
	□ No						
	Yes. Fill in the	details					
	Case title Case number	dotano.	Nature of the case	Court or agency		Status of the cas	e
		et al v One West	Injunction/Contrac	Circuit Court of (	Calhoun	☐ Pending	
	Bank FSB		t	County, AL		☐ On appeal	
	11-CV-2013-900	187.80		•		Concluded	
10.	Within 1 year before Check all that apply	re you filed for bankrupt and fill in the details below	cy, was any of your prope w.	erty repossessed, for	eclosed, garnis	hed, attached, seiz	ed, or levied?
	No. Go to line	11.					
	☐ Yes. Fill in the	information below.					
	Creditor Name ar	nd Address	Describe the Property		Date		Value of the
			Explain what happened	d			property
11.		fore you filed for bankru e to make a payment bed	ptcy, did any creditor, inc ause you owed a debt?	luding a bank or fina	ncial institution	ı, set off any amour	nts from your
	■ No						
	☐ Yes. Fill in the	details.					
	Creditor Name ar	nd Address	Describe the action the	e creditor took	Date taker	action was	Amount
12.		ore you filed for bankrupt eceiver, a custodian, or a	cy, was any of your proponotion	erty in the possessio	n of an assigne	e for the benefit of	creditors, a
	■ No						
	☐ Yes						
Par	t 5: List Certain	Gifts and Contributions					
13.		fore you filed for bankrup	otcy, did you give any gift	s with a total value o	f more than \$60	0 per person?	
	■ No □ Yes. Fill in the	e details for each gift.					
		value of more than \$600	Describe the gifts		Date: the g	s you gave ifts	Value
	•				ile g		
	Person to Whom Address:	You Gave the Gift and					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	otor 1 Tina D Bailey		Case number (if known)	19-40065	
14.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or	cruptcy, did you give any gifts or contribution	s with a total value	of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	total Describe what you contributed	Dates contr	s you ibuted	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankr or gambling?	ruptcy or since you filed for bankruptcy, did y	ou lose anything be	ecause of the	ft, fire, other disaster,
	■ No ☐ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the long include the amount that insurance has paid. Long insurance claims on line 33 of Schedule A/B:	ist pending loss	of your	Value of property lost
Pai	t 7: List Certain Payments or Transfe	rs			
16.	consulted about seeking bankruptcy or	ruptcy, did you or anyone else acting on your r preparing a bankruptcy petition? preparers, or credit counseling agencies for ser			erty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	Description and value of any prop transferred  You		payment ansfer was e	Amount of payment
	Harry P. Long P.O. Box 1468 Anniston, AL 36202 Husband and Family	Cash	Janu	ıary 2019	\$6,612.00
17.		ruptcy, did you or anyone else acting on your editors or to make payments to your creditor at you listed on line 16.		fer any prope	erty to anyone who
	■ No				
	☐ Yes. Fill in the details.				
	Person Who Was Paid Address	Description and value of any prop transferred		payment ansfer was e	Amount of payment
18.	transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a	ers made as security (such as the granting of a s			
	■ No □ Yes Fill in the details				
	☐ Yes. Fill in the details.  Person Who Received Transfer  Address	Description and value of property transferred	Describe any propayments receiv	ed or debts	Date transfer was made
	Person's relationship to you		paid in exchange	e	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Dei	otor 1	Tina D Bailey		· · · · · · · · · · · · · · · · · · ·	Case nur	mber (if known) 19-40065	<u> </u>
9.		nin 10 years before you filed for bankru eficiary? (These are often called <i>asset-pr</i> No		any property to	a self-settl	ed trust or similar device	e of which you are a
		Yes. Fill in the details.					
	Nar	me of trust	Description and	l value of the p	roperty tran	sferred	Date Transfer was made
Pa	t 8:	List of Certain Financial Accounts, In	struments, Safe Depo	sit Boxes, and	Storage Un	its	
20.		nin 1 year before you filed for bankrupto	cy, were any financial a	accounts or ins	truments h	eld in your name, or for	your benefit, closed,
	Incl	l, moved, or transferred? ude checking, savings, money market, o ses, pension funds, cooperatives, asso				sit; shares in banks, cred	dit unions, brokerage
		No					
		Yes. Fill in the details.					
		me of Financial Institution and dress (Number, Street, City, State and ZIP e)	Last 4 digits of account number	Type of acc instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.		ou now have, or did you have within 1 n, or other valuables?	year before you filed f	or bankruptcy,	any safe de	eposit box or other depo	sitory for securities,
		No Yes. Fill in the details.					
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code)		Describe	e the contents	Do you still have it?
22.	Hav	e you stored property in a storage unit	or place other than yo	ur home within	1 year befo	ore you filed for bankrup	otcy?
	_						
		No Yes. Fill in the details.					
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number State and ZIP Code)	r, Street, City,	Describ	e the contents	Do you still have it?
Pa	rt 9:	Identify Property You Hold or Contro	I for Someone Else				
23.		you hold or control any property that so		clude any prop	erty you bo	rrowed from, are storing	g for, or hold in trust
	-						
		No					
	ᆸ	Yes. Fill in the details.					
		rner's Name dress (Number, Street, City, State and ZIP Code)	Where is the pr (Number, Street, City Code)		Describ	e the property	Value
Pa	rt 10:	Give Details About Environmental Inf	formation				
For	the p	ourpose of Part 10, the following definit	ions apply:				
	toxi	rironmental law means any federal, stat c substances, wastes, or material into t ulations controlling the cleanup of thes	the air, land, soil, surfa	ace water, grou			
		means any location, facility, or propert wn, operate, or utilize it, including disp		y environmenta	al law, whet	ther you now own, opera	ate, or utilize it or used
		<i>ardous material</i> means anything an env ardous material, pollutant, contaminant		s as a hazardo	us waste, h	azardous substance, to	xic substance,
Da.	ort a	Il notices releases and proceedings th	at you know about re	agardless of wh	en they oc	curred	

report an notices, releases, and proceedings that you know about, regardless of when they occurred

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Jebto	Tina D Bailey		Dase Humber (if known) 19-40065						
4. H	as any governmental unit notified you that y	ou may be liable or potentially liable u	nder or in violation of an enviro	nmental law?					
_	No Yes. Fill in the details.								
	Name of site	Governmental unit	Environmental law, if you	Date of notice					
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	know it	24,0 0, 110,1100					
5. H	ave you notified any governmental unit of ar	ny release of hazardous material?							
	No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
6. H	ave you been a party in any judicial or admir	nistrative proceeding under any enviro	onmental law? Include settlemer	nts and orders.					
	No								
L	Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Part 1	11: Give Details About Your Business or Co	onnections to Any Business							
7 \	Within A years hefere you filed for hankrunte	, did you own a business or have any	of the following connections to	any hueingee?					
7. ¥	Vithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?								
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability compar —	ny (LLC) or limited liability partnership	(LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing exec	cutive of a corporation							
	☐ An owner of at least 5% of the voting	or equity securities of a corporation							
	No. None of the above applies. Go to Pa	ırt 12.							
Г	Yes. Check all that apply above and fill in	n the details below for each business.							
-	• • • • • • • • • • • • • • • • • • • •	Describe the nature of the business	Employer Identification nur	nber					
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkanner	Do not include Social Secu	rity number or ITIN.					
	number, Street, Sity, State and Zii Sode,	Name of accountant or bookkeeper	Dates business existed	s existed					
	Vithin 2 years before you filed for bankruptc nstitutions, creditors, or other parties.	y, did you give a financial statement to	anyone about your business?	nclude all financial					
ı	No								
	Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued							
Part	12: Sign Below								
re tro	e read the answers on this Statement of Fina ue and correct. I understand that making a fa a bankruptcy case can result in fines up to \$3 S.C. §§ 152, 1341, 1519, and 3571.	alse statement, concealing property, o	r obtaining money or property b						
	D Bailey ature of Debtor 1	Signature of Debtor 2							
Date	02/04/19	Date							
Official	Form 107 Statemen	nt of Financial Affairs for Individuals Filing	for Bankruptcy	pag					

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Best Case Bankruptcy

Debtor 1	Tina D Bailey	a D Bailey Case number		19-40065	
Did you at ■ No □ Yes	ttach additional pag	es to Your Statement of Financial Affairs for Individuals Filing for Ba	nkruptcy (C	Official Form 107)?	
Did you pa ■ No	ay or agree to pay s	omeone who is not an attorney to help you fill out bankruptcy forms	?		
TI Vac Na	ame of Person	Attach the Bankruntov Polition Propagata Notice Declaration and Sign	natura (Officia	al Form 110\	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

## United States Bankruptcy Court Northern District of Alabama

T	71 D. D. 11		TOTAL DISTRICT OF THE			
In re	Tina D Bailey		Debtor(s)	Case No		
			Dedior(s)	Chapter	11	
			OMPENSATION OF AT		` ,	
	compensation paid to me	e within one year befor	<ul> <li>P. 2016(b), I certify that I am the e the filing of the petition in bankr inplation of or in connection with t</li> </ul>	uptcy, or agreed to be pa	id to me, for services	nat rendered or to
	For legal services, l	I have agreed to accept		\$	15,000.00	
	Prior to the filing o	f this statement I have:	received		6,612.00	
					8,388.00	
2.	The source of the compe					
	☐ Debtor ■	Other (specify):	Husband and Family			
3.	The source of compensa	tion to be paid to me is	:			
	☐ Debtor	Other (specify):	Husband and Family			
4.	■ I have not agreed to	share the above-disclo	sed compensation with any other p	person unless they are me	embers and associates	of my law firm.
	☐ I have agreed to sha copy of the agreeme	re the above-disclosed ent, together with a list	compensation with a person or per of the names of the people sharing	rsons who are not member in the compensation is a	ers or associates of my	y law firm. A
5.	In return for the above-o	disclosed fee, I have ag	reed to render legal service for all	aspects of the bankruptc	y case, including:	
	b. Preparation and filing. Representation of the d. [Other provisions as Negotiations	g of any petition, sched e debtor at the meeting needed]	and rendering advice to the debtor lules, statement of affairs and plan of creditors and confirmation hear tors to reduce to market valu ure statement.	which may be required; ing, and any adjourned h	earings thereof;	
6.	By agreement with the d	lebtor(s), the above-dis	closed fee does not include the fol	lowing service:		
				$\overline{}$		
this b	I certify that the foregoing ankruptcy proceeding. $02/04/19$		CERTIFICATION ent of any agreement of arrangem	ent for payment to me fo	r representation of the	e debtor(s) in
	Pate /			ng ASB-0546-N77/A		AND THE CONTRACT OF THE CONTRA
			Signature of A <b>The Law O</b> f	fices of Harry <b>F</b> . Long	a. LLC	
			Post Office	Box 1468 /	<b>5</b> ,	
i			10 West 11t Anniston, A	h Street, Suite 2A		
			•	6 Fax: 256-237-3268	<b>,</b>	
			hlonglegal8	@gmail.com		
		***************************************	Name of law j	îrm		
					·	

Fill i	n this information to identify your case:						
Debt	or 1 Tina D Bailey						
Debt (Spo	-						
, ,	ed States Bankruptcy Court for the: Northern District of	Alahama					
		Alabama					
Case (if kn	e number <u>19-40065</u>			∐ Ch	eck if this is an	amended filing	
	<u>icial Form 122B</u>						
Ch	apter 11 Statement of Your Cu	rrent N	Ionthly li	ncon	ne		12/15
sheet	must file this form if you are an individual and are filing to this form. Include the line number to which the account of the second of the se						
Part	1: Calculate Your Current Monthly Income						
1.	What is your marital and filing status? Check one onl	 ly.			- <del></del>		
	,	,					
	☐ Not married. Fill out Column A, lines 2-11.						
	☐ Married and your spouse is filing with you. Fill ou	t both Colum	ns A and B. line	s 2-11.			
	■ Married and your spouse is NOT filing with you. F	Fill out Colum	nn A, lines 2-11.				
of in	Il in the average monthly income that you received frase. 11 U.S.C. § 101(10A). For example, if you are filing a your monthly income varied during the 6 months, add the come amount more than once. For example, if both spour have nothing to report for any line, write \$0 in the space.	on Septembe le income for uses own the	er 15, the 6-mon all 6 months an	th period d divide	i would be Mar the total by 6. I	ch 1 through August Fill in the result. Do r	31. If the amount not include any
				Colun Debto		Column B Debtor 2	
				Depto	or 1	Debtor 2	
2.	Your gross wages, salary, tips, bonuses, overtime, a	and commis	sions (before al	II \$	0.00	ф	
2	payroll deductions).  Alimony and maintenance payments. Do not include	novmonto fre	em a chauca if	Φ	0.00	Φ	
٥.	Column B is filled in.	payments no	iiii a spouse ii	\$	0.00	\$	
4.	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regu , your depen	lar contributions dents, parents,	3	4,600.00	\$	
5.	Net income from operating a				200000000000000000000000000000000000000		
	business, profession, or farm  Debtor 1  Gross receipts (before all deductions)	Debtor 2 \$ 0.0	0				
	Ordinary and necessary operating expenses	-\$ 0.0					
	Net monthly income from a business, profession, or farr	n \$ 0.0	O Copy here -	·> \$	0.00	\$	
6.	Net income from rental and other real property.  Debtor 1	Debtor 2					
	other real property  Gross receipts (before all deductions)	\$ 0.0	0				
	Ordinary and necessary operating expenses	-\$ 0.0					
	Net monthly income from rental or other real property	\$ 0.0	O Copy here -	-> \$	0.00	\$	

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

Debtor 1 Tina D Bailey			Case number	er (if known)	19-40065	
			Column A Debtor 1		Column B Debtor 2	
7. Interest, dividends, and royalties			\$	0.00	\$	
8. Unemployment compensation			\$	0.00	\$	<u> </u>
Do not enter the amount if you conte the Social Security Act. Instead, list	end that the amount received wa it here:	as a benefit unde			***************************************	_
For you	\$	0.00				
For your spouse	\$					
Pension or retirement income. Do benefit under the Social Security Act	not include any amount receive	ed that was a	\$	0.00	\$	
<ol> <li>Income from all other sources not Do not include any benefits received received as a victim of a war crime, domestic terrorism.</li> </ol>	under the Social Security Act o	or payments				
If necessary, list other sources on a	separate page and put the total	below.				
			\$		\$	_
4-yel-yel-3-1			\$	0.00	\$	
Total amounts from separa	te pages, if any.	+	\$	0.00	\$	
11. Calculate your total current montl	nly income.					
Add lines 2 through 10 for each colu	mn.					
Then add the total for Column A to t	ne total for Column B.	\$	4,600.00	+ \$	= \$	4,600.00
			·			

Debtor 1 Tina D Bailey
------------------------

Case number (if known)

19-40065

Part 2:

Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

Tina D Bailey Signature of Debtor 1

Date 02/04/2019 MM/DD/YYYY